

- Telephone appointments seem less satisfactory - less likely to meet the emotional need of patient/carer

Memory Service:

- Generally positive feedback from carers and patients in all areas - able to take a meaningful history over telephone

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Optimising and Future-Proofing Dementia Care With Amnestic Mild Cognitive Impairment (aMCI) Clinics

Dr Smit Kishorbhai Raninga^{1*}, Dr Brenda Wasunna-Smith², Miss Alice Millward², Dr Kerry Rees² and Dr Tarun Kuruvilla²

¹Gloucestershire Hospitals NHS Foundation Trust, Gloucester, United Kingdom and ²Gloucestershire Health and Care NHS Foundation Trust, Gloucester, United Kingdom

*Corresponding author.

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Aims. Amnestic Mild Cognitive Impairment (aMCI) is considered a pre-dementia (prodromal) phase of Alzheimer's disease (AD), with a higher probability in patients with positive biomarkers (temporo-parietal region, atrophy on CT/MRI imaging and hypometabolism on FDG-PET scan). We developed a pilot service development project in the North Sector of Gloucestershire Health and Care (GHC) Trust. Its' main aim was to ease some of the pressures on the Memory Assessment Service (MAS) nurses and the medical memory clinics. The main objectives were: 1. To develop and run an aMCI Clinic service for eight months between March and November 2022 at GHC with North Sector patients to reduce waiting times compared to the preceding years. 2. In patients with aMCI and a positive biomarker, continue annual cognitive testing with early identification of conversion to dementia, thereby starting anti-dementia medication, and continue through the post-diagnosis pathway. Future plans include creating a business case for the Care Commission Group to consider commissioning a countywide aMCI service.

Methods. Patients (n=23) with the diagnosis of aMCI and a positive biomarker were selected. Data included the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) to assess patients' daily functioning, clinical history and service satisfaction questionnaires. Different initial objective tests, including Addenbrookes Cognitive Examination (ACE-III), Repeatable Battery for the Assessment of Neuropsychological Status (R-BANS), Telephone Interview for Cognitive Status (TICS), and Rowland Universal Dementia Assessment Scale (RUDAS) were used. Data for waiting times from referral to first assessment were collected and statistically analysed using a repeated measures design across years 2020,2021,2022 (March-November) and a one-way repeated measure ANOVA was performed.

Results. Analysis of waiting time indicated a non-significant decrease in waiting times from referral to first assessment. A decrease in the waiting times from September 2022-November 2022 was noted, pointing towards a possible time lag effect. Within six to twelve months of repeat testing, 62% of patients remained with an aMCI diagnosis whereas 32% of patients progressed to dementia (Alzheimer's or Vascular). From the post-

appointment patient feedback received (65%), all patients reported to be very satisfied (57%) or satisfied (9%).

Conclusion. It is prudent to assess the time lag effect on the results produced in subsequent months. A repeat review with a larger sample size to increase the sensitivity and specificity of the results obtained is recommended.

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High Lithium Levels: Dead, Alive or Doing Well? a Service Evaluation Looking at Outcomes Over Subsequent 2 Years

Dr Juliet Raphael^{1,2*}, Dr William Heatley², Dr Maryam Patel^{1,2}, Dr Supriya Dastidar² and Dr Sara Ormerod²

¹University Hospitals Birmingham, Birmingham, United Kingdom and ²Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom

*Corresponding author.

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Aims. Lithium is an effective mood stabiliser in the management of Bipolar affective Disorder. Timing and decision to restart lithium after an episode of toxicity can be challenging. National guidelines offer advice on management of acute toxicity but little information on restarting lithium. Abrupt withdrawal of lithium can provoke relapse. Clinical experience of the authors was that patients who had Lithium stopped following toxicity often relapsed, leading to poor mental health, frequent admissions to acute and psychiatric hospitals and sometimes death. Restarting of lithium in hospital or after discharge was often variable. The aim of the evaluation was to review the outcomes of patients admitted to the University Hospitals Birmingham NHS Foundation Trust (UHB) with a lithium level over 1.2 mmol/L.

Methods. Patients were selected if recorded lithium level was over 1.2mmol/L on admission to UHB. Case note review of electronic patient records was carried out to identify demographic factors of participants alongside medical and psychiatric outcomes over the following 2 years.

Results. 84 patients were identified as having lithium levels over 1.2mmol/L. 76% Female. Mean age 61 years (range 20-95 years). 77% of patients had been prescribed lithium for more than 6 years. Mean lithium level was 1.68 mmol/L (range 1.2-3.44 mmol/L). Around 2/3 of patients admitted with lithium above therapeutic range were referred to the liaison psychiatry team. 12% of the patients died during that admission. Just over 2/3 (69%) of those discharged from hospital had been restarted on lithium. When lithium was not restarted during the acute admission, only 13% were restarted in the community within the next 2 months. Two year mortality of patients admitted with elevated lithium levels was 31%. 10% of patients were admitted to a psychiatric hospital within 1 year. The mean number of admissions to the acute hospital (UHB) within one year was 1.6 (range 0-26).

Conclusion. Admission to hospital with high lithium levels appears to be associated with a number of negative outcomes. These data cannot attribute causality. Conditions predisposing to lithium toxicity such as frailty could contribute to negative outcomes. Given these high mortality figures for this group, discussions on restarting lithium following high levels may need to focus more on the priorities for the patient. Further studies looking at the outcomes of restarting and discontinuing lithium and comparing with those who have not experienced elevated levels would be helpful.

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RCPsych MTI Scheme; Cultural Differences in Psychiatry Training Among MTI Fellows From Low and Middle-Income Countries in the UK

Dr Razrin Razak^{1*} and Dr Praveen Kumar²

¹Oxford Health NHS Foundation Trust, Aylesbury, United Kingdom and ²NHS Highland, Iwerness, United Kingdom

*Corresponding author.

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Aims. The Royal College of Psychiatrists' Medical Training Initiative is a scheme aimed at psychiatrists from lower and middle-income countries to work and train in the National Health Service (NHS) UK for up to 2 years before returning to their home countries. They came from various countries and cultural backgrounds, however, there is a lack of study being done on how these cultural differences and experiences are impacting the newly recruited MTI fellows while working in the UK at a CT3 level. In this study, we distributed a brief questionnaire to the 2022 Rcpsych MTI trainees cohort to explore the sociocultural differences between working in the NHS and their home countries and surveyed the things that could be improved within the MTI scheme.

Methods. Royal College of Psychiatrists MTI Fellows from various backgrounds and countries participated in a survey between December 2022 and January 2023. The survey consisted of open-ended and closed-ended questions about the differences in psychiatric practices from their home countries alongside cross cultural differences while working in the NHS.

Results. The response rate was 55% from five different countries; Egypt, Malaysia, Nigeria, Sudan, and Turkey. The majority of the participants have worked in the UK under the MTI scheme for more than 3 months and reported that English is not a widely spoken language in their countries of origin. 72.8% of respondents find it easy to incorporate their skills and knowledge in the UK despite the linguistic, cultural and mental health act differences while 72.7% of the fellows reported that psychiatric patients' presentations are similar between their home countries and the UK. There is also a bigger mental health stigma reported in their home countries. It appears based on experiences in their home countries, culture indeed plays a major role in mental illness and treatment. Besides that, 72.8% of respondents are satisfied with the MTI scheme while 81.9% of them would recommend this scheme to others. Some of the respondents recommended for introductory course about the mental health system in the UK and the mental health act before starting the scheme.

Conclusion. There are cultural and linguistic differences impacting the experiences of newly recruited MTI fellows in the UK. There is room for improvement to bridge the sociocultural gaps for the MTI Fellows to improve their experience and service provision.

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Social Capital for Caregivers of Children With Neurodevelopmental Disorders in Kumasi, Ghana; a Multidisciplinary Approach to Patient and Caregiver Wellness

Dr Ruth Charlotte Sackey^{1*}, Dr Pearl Adu-Nyako¹, Dr Leah Ratner^{2,3} and Dr Angela Osei-Bonsu⁴

¹Komfo Anokye Teaching Hospital, Kumasi, Ghana; ²Boston Children's Hospital, Boston, Massachusetts, United States of America; ³Havard Medical School, Cambridge, Massachusetts, United States of America and ⁴Yale University, School of Medicine, Department of Pediatrics, New Haven, United States of America

*Corresponding author.

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Aims. To demonstrate the role of psychosocial support groups in providing social capital for caregivers of children with neurodevelopmental disorders as an integral part of service delivery.

Methods. A descriptive prospective pilot study was conducted at the child neuropsychiatric joint clinic of the Komfo Anokye Teaching Hospital. A support group was initiated for caregivers of children attending the clinic, with the support of a multidisciplinary team of two psychiatrists, a paediatric neurologist, nurses, a clinical psychologist, an occupational, art, and speech therapists. Fifty (50) caregivers enrolled in the support group. A total of three face-to-face psychoeducational sessions, monthly Whatsapp discussions on topical issues of interest to caregivers and an outdoor social event were conducted over a period of one year. During sessions, healthcare providers provided psycho-education about illness management and coping skills for caregivers. Caregivers shared their experiences for the purposes of peer-peer learning and peer support. Information was gathered from caregivers on their psychosocial needs through open forum discussions and a questionnaire administered needs assessment. A retrospective evaluation of the support group intervention among caregivers was carried out using a mixed method, after a year's participation in the support group.

Results. From pilot observations of 30 of the caregivers who completed the evaluation, 85% rated the support group as highly beneficial, 10% rated as beneficial, and more than 95% of them will recommend the service to other caregivers. Caregivers perceive support groups as providing a forum to empower providers to educate caregivers about their well-being, de-stigmatize mental health, and strengthen the trust between caregivers and providers. They may also provide increased opportunities for respite and relaxation.

Conclusion. There must be improved social capital for caregivers of patients with chronic illnesses, with emphasis on coping during periods of stress and change. Caregiver and peer support groups are critical to improved psycho-social well-being and smooth service delivery for children with neurodevelopmental disorders and their families.

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Learning From Existing Services: Developing an Intensive Outpatient Services for Children and Adolescents With Eating Disorders

Dr Katie Salucci^{1,2*} and Dr Erica Cini^{3,1}

¹East London NHS Trust, London, United Kingdom; ²Great Ormond Street Hospital NHS Trust, London, United Kingdom and ³Department of Child & Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience King's College London, London, United Kingdom

*Corresponding author.

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